NPM #17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care.

Research identifies the following outcomes:

- There is higher mortality of infants born at less than 2,000 grams in a hospital without an NICU (Cifuentes, et al., 2002)
- Maternal (vs. postnatal) transfer guarantee a significant better neonatal outcome concerning severe neonatal morbidity (Hohlagschwandtner, et al, 2001)

Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

a) Report of 2002 Major Activities

1. **WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants**

   WAPC completed a survey of 14 Perinatal Centers in Wisconsin to identify birth weight and gestational age of transferred babies, and age of infant at time of referral call. The majority of transferred babies was greater than 1,500 grams, greater than 34 weeks gestation, and referred for transfer within four hours of birth.

   WAPC planned and implemented eight regional forums on the stabilization of women and newborns prior to transfer from a community hospital to a perinatal center. Participants at the forums: 1) Compared and contrasted outcomes for infants transferred from community hospitals to those born within perinatal centers; 2) Reviewed the WAPC position statement, *Guidelines for the Responsible Utilization of Neonatal Intensive Care;* 3) Identified considerations prior to transfer to a perinatal center; 4) Identified effective communication strategies pre, during and post-transfer; and 5) Identified characteristics of the pregnant women or infant who is stable for transfer.

b) Current 2003 Activities

1. **WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants**

   The keynote speaker at the April 2003 WAPC Annual Meeting and Clinical Conference was George Little, MD, Professor of Pediatrics at Children's Hospital at Darmouth. Dr. Little identified that

perinatal regionalization has successfully improved outcomes but outcome improvement may be faltering. He raised issues related to the trend for community hospitals to start new NICU services and addressed accountability on an individual and population basis.

WAPC will host a follow-up meeting about regionalization of maternal and neonatal care in Wisconsin on May 8, 2003. The purpose of the meeting is to review prenatal regionalization and determine opportunities to further improve perinatal outcomes. Participants will examine the implications of growth of NICUs in Wisconsin, current referral patterns, clinical outcomes of existing perinatal centers, optimal staffing levels for high risk maternal and infant units, and guidelines for determining the need for new services or for expanding existing services.

c) 2004 Plan/Application

1. WAPC Efforts on Regionalization—Infrastructure Building Services—Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin as more hospitals self designate themselves as Perinatal Centers. Title V MCH/CSHCN Program funds will continue to be provided for statewide perinatal systems building activities around this issue. Title V MCH/CSHCN Program staff will participate in the forums on regionalization and actively participate in this effort.